

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09 / 936,804 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/		/				52					
3	/		/				53					
4	/		/				54					
5	/		/				55					
6	/		/				56					
7	/		/				57					
8	/		/				58					
9	/		/				59					
10	9		9				60					
11	/		/				61					
12	/		/				62					
13	/		/				63					
14	/		/				64					
15	/		/				65					
16	/		/				66					
17	/		/				67					
18	/		/				68					
19	/		/				69					
20	/		/				70					
21	/		/				71					
22	/		/				72					
23	/		/				73					
24	/		/				74					
25	/		/				75					
26	/		/				76					
27	/		/				77					
28	/		/				78					
29	/		/				79					
30	9		/				80					
31	9		/				81					
32	9		/				82					
33	9		/				83					
34	9		/				84					
35	9		/				85					
36	9		/				86					
37	9		/				87					
38	9		/				88					
39	/		/				89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			5				TOTAL IND.					
TOTAL DEP.			42				TOTAL DEP.					
TOTAL CLAIMS			47				TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS